

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 4 - 0 7

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07-01-04

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 434 and 42 CFR 438

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ -0-b. FFY 2005 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attached

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

See Attached

10. SUBJECT OF AMENDMENT:

**BBA Medicaid Managed Care Regulations**

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

September 29, 2004

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 29 SEPTEMBER 2004

18. DATE APPROVED:

1 NOVEMBER 2004

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JULY 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID &amp; CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Nancy Staffins  
Tywanda Cox

Oklahoma  
STATE PLAN AMENDMENT  
04-07

**Page Number**

Section 4.23, Page 71  
Attachment 4.30, Page 2

**Superseded Plan Section**

Same Page, Revised 7-1-04, TN # 03-12  
Same Page, Revised 7-1-04, TN #03-12

State/Territory: OKLAHOMACitation4.23 Use of Contracts42 CFR Part 434  
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

   Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

   a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

   a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

  X   a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

   Not applicable.

STATE <u>Oklahoma</u>	A
DATE RECD <u>9-29-04</u>	
DATE APPL'D <u>11-1-04</u>	
DATE EFF <u>7-1-04</u>	
HCFA 179 <u>04-07</u>	

SUPERSEDES TN- 03-12

Revised 07/01/04

TN # 04-07  
Supersedes  
TN # 03-12

Approval Date 11-1-04Effective Date 7-1-04

State: OKLAHOMA

Citation

1932(e)  
42 CFR 438.726

Sanctions for MCOs and PCCMs

- (a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:
- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management:
- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

X

Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.

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REPLACES TN# C3-12

Revised 7/01/04

TN # 04-07 Approval Date 11-1-04 Effective Date 7-1-04  
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